

I support the proposed first round of NATO expansion. As the only currently available alternative, I also support funding for a follow-on-force in Bosnia. As our troops and diplomats do their duty, they can count on support from this Senator.

Mr. President, I yield the floor.

Mr. DURBIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, I ask unanimous consent to be recognized as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. Mr. President, first let me thank my colleague from Georgia, Senator CLELAND, for that excellent statement. I have listened to a lot of the debate on NATO enlargement. He gave a tour de force by covering not only the nations of Europe but the history of Europe. I congratulate him on an excellent statement. I fully endorse his conclusion.

HEALTH CARE

Mr. DURBIN. Mr. President, I come to speak in morning business on an issue that I believe is of great importance to many families across the United States. It is the question of health care.

Many people watch the U.S. Senate and House of Representatives and wonder what this debate in the operations of this body have to do with their lives. They look at the bills and wonder who has written them and how it can affect them, and many times just write it all off as politics. But the issue I am about to speak to and the issue which I believe should be part of our legislative agenda is the issue of health care.

Mr. President, we are in a state of crisis in this country, a crisis of confidence over America's health care system. A majority of the American people no longer believe their insurance companies are providing them with the quality of service or choice of doctors they were promised when they paid their premiums. Eighty percent of American consumers believe that insurance plans often compromise the quality of care to save money. Ninety percent of Americans say a patient protection act to regulate health insurance plans is needed. Such an act has been introduced, and we are hoping that we can bring it to the floor for consideration before we adjourn, because we have precious few days left this year to consider important legislation.

Unfortunately in America some health insurers have put cost savings before life savings. Such cost-cutting practices are only inviting tragedy.

I brought to the floor today a photograph of a couple from the Chicago area, the Garvey family. I would like to tell you the story of this typical American family and what happened to Mrs. Garvey on a vacation to Hawaii. Barbara Garvey, a wife and mother of

seven from Chicago, suffered from severe arthritis. During a once-in-a-lifetime vacation with friends to Hawaii, Mrs. Garvey discovered some bruises on her body. She was worried. She was immediately sent to the hospital and examined. After examination, there was a diagnosis that she was suffering from aplastic anemia.

There she was in Hawaii, thousands of miles from home, with a friend, with this terrible diagnosis. Doctors in Hawaii decided the only option was to perform an emergency bone-marrow transplant. Both Mrs. Garvey's HMO doctor in Chicago and the attending physician in Hawaii agreed that with no immune system and no ability to clot, a commercial flight back home to Chicago to receive treatment would put her at great risk for infection and stroke.

Imagine, there you are, thousands of miles away from home, told that you have to face this emergency bone-marrow transplant and you can't move; you have to do it now. And if you do not, you could have serious consequences.

They advised Mrs. Garvey to receive this emergency treatment as quickly as possible in Hawaii. Her insurance policy covered it. It wasn't a matter of debating that. But when she called the HMO that managed the policy, they refused to accept any treatment in Hawaii. The clerk at the HMO said to Mrs. Garvey she had to travel back from Hawaii to Illinois for this treatment. They wouldn't pay for it unless she did. And it is very expensive. She didn't have the ability to pay for the expensive treatment.

So she made the only decision she could. She got back on the airplane to come back to Chicago. On the plane, as predicted by her treating physician, Mrs. Garvey suffered a stroke that left her paralyzed on her right side, robbing her of her ability to speak. She was left too weak and unstable to even undergo the bone-marrow transplant. She developed an infection and after 9 days at a Chicago Hospital, Barbara Garvey died of a cerebral hemorrhage and complications.

She was 55 years old, on a Hawaiian vacation, in need of emergency medical treatment, but the decision by an HMO clerk cost her her life. She left behind her husband Dave, seven children, and numerous grandchildren.

I might say to my colleagues in the Senate and those listening, this should not happen in America. Health insurers should not make decisions that are best left to doctors and trained health professionals.

Mr. President, we should take up and pass meaningful patient protection this year in Congress. We have a bill, S. 1890, the patient's bill of rights, that would prevent tragedies like this from happening. The bill would allow for both an independent appeals process and for legal accountability for medical decisions made by health insurers. Without such accountability, insurers

have no incentive to provide necessary and timely care to people such as Barbara Garvey when they need it the most.

It may surprise some people to learn that many HMO plans across the country, if your doctor says he wants you to receive treatment, require you to call the insurance company. If the insurance company says no, no, we don't cover that treatment or we won't give it the way the doctor wants it, and you go ahead and follow the insurance company's lead and something bad occurs, guess who is held accountable. Guess who is liable in court. The insurance company? In many instances, no. The doctor, the doctor who really wanted to do it differently, who thought it was best for you and your family to receive a different treatment, ends up the person holding the bag.

That is not fair. We should each be accountable for our conduct, and in this situation no doctor should be held accountable for a decision that was made by the insurance company. The insurance company should stand on its own feet.

Now, we only have a few days remaining in the session. It is hard to believe that in April we are talking about leaving, but it is going to be an abbreviated session for reasons that are beyond me. The political leaders have decided it is time for us to get out of town. They think we have about 60 days to act and don't have much time to consider many issues. I hope that we don't leave town without thinking a little bit about this issue, an issue which most Americans are seriously concerned about, the quality of health care and the accountability of HMO's. Whatever we are going to do will not alleviate the pain the Garveys have endured, but we can fix the system. We can save families the pain of losing a loved one because some insurance companies put business before wellness.

Mr. President, I yield back the remainder of my time.

Mr. WYDEN. Mr. President, I ask unanimous consent to speak in morning business for up to 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, I commend our colleague from Illinois, Mr. DURBIN, for standing up for the rights of patients in health maintenance organizations. This is an issue of enormous importance, and I think it is clear the Senate ought to be spending time talking about how real patients are suffering as they try to make their way through the health care system. I wish to tell the Senator that I very much appreciate his addressing this issue today.

SECRET WORLD TRADE ORGANIZATION DECISIONS

Mr. WYDEN. Mr. President and colleagues, the poster that is next to me today is a photograph of one of the most important doors in the world. It